								Application or Docket Number						
	PATENT A	RD / /												
Effective October 1, 2001									10/07556/					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
ТС	TAL CLAIMS						RAT	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			=20 minus 20 مرکی		*	/	X\$ 9=			OR	X\$18=	18		
INDEPENDENT CLAIMS 2			6 minus 3 =		*	4	X42= ,			OR	X84=	336		
ΜU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+140=			OR	+280=			
* If	the difference	in column 1 is l	ess than zero, enter "0" in column 2			TOTA	۸L		OR	TOTAL	1094			
CLAIMS AS AMENDED - PART II										1	OTHER	THAN		
	6 0 0	(Column 1)	(Colum			(Column 3) SMALL			OR	SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=			
MER	Independent	*	Minus	***		=	X42	=		OR	X84=			
_	FIRST PRESENTATION OF MULTIPLE D			PENDENT CLAIM			+140	`			+280=			
								TAL		OR	TOTAL	<u> </u>		
		(0.1	ADDIT.		<u></u>	OR	ADDIT. FEE							
	(Column 1) CLAIMS		HIGI		mn 2) (Column 3)				ADDI-	1	<u></u>	ADDI-		
AMENDMENT B	•	REMAINING AFTER AMENDMENT		PREVI	MBER NOUSLY DEOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=			
	Independent	*	Minus	***		=	X42	'=		1	X84=			
4	FIRST PRESENTATION OF MULTIPLE DE			PENDENT CLAIM			1			OR				
)=		OR	+280=			
			ADDIT.	TAL FEE		OR	ADDIT. FEE							
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER YIOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9) =		OR	X\$18=			
LME.	Independent	*	Minus	***		=	X42	?=		OR	V04	1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT					1	 			1		 		
	If the entry in colu	ımn 1 is less than t	he entry in coli	ımn 2. wri	ite "0" in o	olumn 3.	+140		<u> </u>	OR	L			
* If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT FEE			
	The "Highest Nur	mber Previously Pa	aid For" (Total o	or Indepen	ndent) is th	ne highest numbe	r found in th	ne ap	opropriate bo	ox in c	olumn 1.			